

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90230 006 ***150.00

DOCUMENT # 583854

1. Entity Name
JOEL M. GROSSMAN, D.C., P.A.



Principal Place of Business
**201 N. WYMORE RD.
WINTER PARK FL 32789
US**

Mailing Address
**201 N. WYMORE RD.
WINTER PARK-FL 32789
US**

2. Principal Place of Business
163 Promenade Circle.

3. Mailing Address
163 Promenade Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Heathrow, Fl. 32746

City & State
Heathrow, Fl. 32746

4. FEI Number **59-1844584**

Applied For
Not Applicable

Zip Country
Seminole

Zip Country
Seminole

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GROSSMAN, SARILEE E
201 NORTH MARCO ROAD
WINTER PARK FL 32789**

Name **SARILEE GROSSMAN**

Street Address (P.O. Box Number is Not Applicable)
163 PROMENADE CIRCLE

HEATHROW, FL. 32746

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Sarilee Grossman* **SARILEE GROSSMAN, PRESIDENT**

1/11/2003

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **SP** ☐ Delete
NAME **GROSSMAN, SARILEE F**
STREET ADDRESS **201 N WYMORE RD**
CITY-ST-ZIP **WINTER PARK FL**

TITLE **SP** ☒ Change ☐ Addition
NAME **GROSSMAN, SARILEE**
STREET ADDRESS **163 PROMENADE CIRCLE**
CITY-ST-ZIP **HEATHROW, FL. 32746**

TITLE **T** ☐ Delete
NAME **COHEN, HERBERT**
STREET ADDRESS **201 NORTH MARCO ROAD**
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE **TD** ☒ Change ☐ Addition
NAME **COHEN, HERBERT**
STREET ADDRESS **1220 TRENTWOOD CT.**
CITY-ST-ZIP **HEATHROW, FL. 32746 - 5359**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sarilee Grossman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/2003

Date

Daytime Phone #

407 - 804 - 2532

CR2E034 (10/02)